



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MO Ethics Commission

JAN 01 2022

Rec'd by email

C221781

1. Statement Information

Date: 12/16/2021

Type: ☒ New ☐ Amended (if amending, enter MEC ID C221781 & section changed)

2. Committee Information

Crissy Dastrup for KC

Name of Committee

P.O. Box 411811 Kansas City, Missouri 64141

(580) 6783123

Committee Mailing Address

Telephone Number

Official Committee Email Address

Kansas City Election Board

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Celia Ruiz

Treasurer's Name (First & Last)

4807 Farley Ave, Kansas City, MO 64129

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 2894923

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Crystal Dastrup 3444 Campbell St. Kansas City

(580) 6783123

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

June 2023

City Council, 4th Dist

None

Support

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) - Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)